

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9952**
Registrar's No. **2578**

FILED APR 12 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION New Faith Hospital				d. STREET ADDRESS (If rural, give location) 4429 Miami					
5. NAME OF DECEASED (Type or Print) Jesse P. Bowers			a. (First) P. b. (Middle) Bowers c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Mar. 14, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 9, 1888			
9. AGE (In years last birthday) 68		10. MONTHS 8		11. DAYS 5		12. HOURS 5 MIN. 5			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery			11. BIRTHPLACE (City and State or Foreign Country) / Alabama			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Jesse Bowers		13b. MOTHER'S MAIDEN NAME Mollie McGaha		14. NAME OF HUSBAND OR WIFE Elsie Bowers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st. w.w.			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Elsie Bowers ADDRESS 4429 Miami				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephrosclerosis with uremia				DUPLICATE OF (b) Malignant hypertension				years	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE OF (c) arteriosclerotic heart disease				years	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION: 442x				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 9, 1957 , to Mar. 14, 1957 , that I last saw the deceased alive on 3/14, 1957 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Wesley Franklin M.D. (Degree or title)				23b. ADDRESS 634 N. Grand Ave				23c. DATE SIGNED 3/15/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 18, 1957		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Conty, Missouri			
DATE REC'D BY LOCAL REG. MAR 15 '57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Schumacher's ADDRESS 3013 Meramec St.			

DR. MAX FRANKLIN

Mo. Theater Bldg

Je. 1-4375

20.11-10.50.11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Jack Trump

Licensed Embalmer No. 4746

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.